

Scoring and Interpretation

A total PSS-10 score from 0 to 40 is presented, with higher scores representing higher levels of stress. Percentiles are also presented, comparing the results to a community sample (Cohen & Janicki-Deverts, 2012). A percentile of 50 indicates that an individual is experiencing an average level of stress when compared to other members of society. Average scores are also calculated by summing the scores divided by the number of items, and is a useful metric for ascertaining the general level of agreement on the likert scale (where 0 = Never and 4 = Very Often), as well as comparing sub-scale scores using a consistent metric.

There are two subscales in the PSS-10:

1. Perceived helplessness (items 1, 2, 3, 6, 9, 10) – measuring an individual’s feelings of a lack of control over their circumstances or their own emotions or reactions.
2. Lack of self-efficacy (items 4, 5, 7, 8) – measuring an individual’s perceived inability to handle problems.

Higher levels of psychological stress as measured by the PSS-10 have been associated with elevated markers of biological aging, higher cortisol levels, as well as suppressed immune function, greater infection-induced release of pro-inflammatory cytokines, greater susceptibility to infectious disease, slower wound healing, and higher prostate-specific antigen levels (Cohen & Janicki-Deverts, 2012). Persons who score higher on the PSS also report poorer health practices, such as sleeping fewer hours, skipping breakfast, and consuming greater quantities of alcohol (Cohen & Williamson, 1988).

Developer

Cohen, S., & Williamson, G. (1988). Perceived stress in a probability sample of the United States. In S. Spacapan & S. Oskamp (Eds.), *The social psychology of health: Claremont Symposium on applied social psychology*. Newbury Park, CA: Sage.

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